



## CITY OF NATIONAL CITY

### CLAIM FORM: MORGAN SQUARE PROPERTY AND BUSINESS IMPROVEMENT DISTRICT ASSESSMENT REFUND

Note: In order to facilitate processing of refunds, please use a separate claim form for each owner or combination of owners. For example, if one parcel was owned by Jane Doe and one together by Jane Doe and John Doe, two separate forms would need to be submitted.

I certify under penalty of perjury that I am the rightful claimant to a proportionate refund of the fiscal year 2008-09 assessment paid for the Morgan Square Property and Business Improvement District (PBID) for the property(ies) listed below. (If more than one name is shown as the parcel owner, each party must sign. Please use the additional parcel/signature page provided below if necessary.)

PARCEL NUMBER*	SITE ADDRESS	REFUND AMOUNT

\* If additional Parcel numbers need to be listed, please use additional parcel/ signature page provided below

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MAILING ADDRESS:

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**Signature must be notarized, if aggregate claim amount is greater than \$1,000.**



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### CLAIM FORM: MORGAN SQUARE PROPERTY AND BUSINESS IMPROVEMENT DISTRICT ASSESSMENT REFUND ADDITIONAL PARCELS/ SIGNATURE/ NOTARY PAGE

PARCEL NUMBER*	SITE ADDRESS	FY 2008-09 ASSESSMENT PAID**

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

State of California )

County of \_\_\_\_\_)

On \_\_\_\_\_, 201\_\_ before me, \_\_\_\_\_, Notary Public (here insert name and title of the officer), personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: \_\_\_\_\_ (Seal)

\_\_\_\_\_, Notary Public

City of National City, Department of Finance, 1243 National City Blvd, National City, CA 91950  
Phone: (619) 336-4330